

ISSUE SLIP STAPLE AREA (For additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | BA | | 08-24-0 |
| O.I.P.E. CLASSIFIER | TF | 1112 | 9/6/01 |
| FORMALITY REVIEW | TF | 1112 | 9/6/01 |
| | 875 | | 12/12/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 08/24/01 |
| 2 | 08/24/01 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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658-587
12/18/01